

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585,701

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2	1	1	1	1		
3	1	1	1	1		
4	1	1	1	1		
5	1	1	1	1		
6	1	1	1	1		
7	1	1	1	1		
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TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	9	←	6	←		←
TOTAL CLAIMS	11		7			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						